Case 23-11673-pmm Doc 36 Filed 03/11/24 Entered 03/11/24 15:41:38 Desc Main Page 1 of 4 Document

Fill in this information	to identify your case:	
Debtor 1	Emiliano Irizarry	
Debtor 2 (Spouse, if filing)	Esperanza Irizarry	
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	3-11673	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u> 106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

0.00

0.00

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	SENIOR CITIZEN	SENIOR CITIZEN
	Include part-time, seasonal, or self-employed work.	Employer's name	RETIRED	RETIRED
	Occupation may include student or homemaker, if it applies.	Employer's address	82 YEARS OLS	81 YEARS OLD
		How long employed to	here?	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ Calculate gross Income. Add line 2 + line 3. 0.00

Official Form 106I Schedule I: Your Income page 1

Case 23-11673-pmm Doc 36 Filed 03/11/24 Entered 03/11/24 15:41:38 Desc Main Document Page 2 of 4

Debt Debt		Emiliano Irizarry Esperanza Irizarry		(Case	e number (<i>if known</i>)	23-	11673		
			-			,				
					Fo	r Debtor 1		r Debtor 2 o		
	Сор	y line 4 here	4.		\$_	0.00	\$	- 0 .	0.00	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	,	\$	0.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b		\$ -	0.00	\$_		0.00	
	5c.	Voluntary contributions for retirement plans	5c		\$-	0.00	\$-		0.00	
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$_		0.00	
	5e.	Insurance	5e		\$	0.00	\$		0.00	
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	
	5g.	Union dues	5g	١.	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	5h		\$_	0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	\$		0.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	\$_		0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	۱.	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b).	\$	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	.	\$	0.00	\$		0.00	
	8d.	Unemployment compensation	8d		\$	0.00	\$_		0.00	
	8e.	Social Security	8e		\$-	2,592.00	\$-		1.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$	0.00	\$,	0.00	
	8g.	Pension or retirement income	 8g	J.	\$_	0.00	\$_		0.00	
	8h.	Other monthly income. Specify: Financial Help from Son	8h	1.+	\$_	700.00	+ \$_		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$	3,292.00	\$_	1,0	41.00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$		3,292.00 + \$	1	,041.00 =	\$	4,333.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				5,252.55		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	.,000.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe				•		\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						e. 12. \$		4,333.00
									ombine	
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?						onthly	income
		Yes. Explain:								

Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Emiliano Iriza	irrv			Chec	k if this is:	
			<u></u>			—	An amended filing	
	otor 2 ouse, if filing)	Esperanza Iri	zarry					ving postpetition chapter the following date:
Unit	ed States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	SYLVANIA	٦	MM / DD / YYYY	
1	e number 23 nown)	3-11673						
O	fficial Fo	orm 106J						
S	chedule	J: Your	Expen	ises				12/1
info	ormation. If mober (if known the control of the con	nore space is ne vn). Answer ever ribe Your House nt case? to line 2. to Debtor 2 live is	eded, atta ry question chold in a separa		form. On the top of	any additio	nal pages, write y	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state dependents				SON		46	□ No ■ Yes □ No □ Yes □ No □ Yes □ No
3.	expenses of	penses include of people other to d your depende	han $_{oxdotsim}$	No Yes				☐ Yes
exp	imate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
4.		or home owners		ses for your residence. I r lot.	nclude first mortgage	4. \$		1,084.21
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner's				4b. \$		0.00
				ipkeep expenses		4c. \$		195.00
5.		eowner's associat			umo oquity loopo	4d. \$ 5. \$		0.00
ა.	Auditional	mortgage payme	sine for yo	our residence, such as ho	ine equity loans	э. ֆ		0.00

Case 23-11673-pmm Doc 36 Filed 03/11/24 Entered 03/11/24 15:41:38 Desc Main Document Page 4 of 4

Debtor 1		Emiliano Irizarry			00.44070
Deb	otor 2	Esperanza Irizarry	Case num	ber (if known)	23-11673
6.	Utilit	ion.			
0.	6a.	Electricity, heat, natural gas	6a.	\$	280.00
	6b.	Water, sewer, garbage collection	6b.	·	86.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	*	0.00
	6d.	Other. Specify: CABLE	6d.		260.00
	ou.	CELL PHONES	ou.	\$	229.47
7.	Food	d and housekeeping supplies		·	
7. 8.		dcare and children's education costs	7. 8.	\$ 	675.00
o. 9.			o. 9.	\$ ———	0.00
-		hing, laundry, and dry cleaning		·	45.00
		onal care products and services	10.	·	125.00
		ical and dental expenses	11.	\$	280.00
12.		sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	425.00
13		rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
		ritable contributions and religious donations	14.	·	0.00
		rance.	14.	Ψ	0.00
15.		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	\$	0.00
		Health insurance	15b.	·	0.00
		Vehicle insurance	15c.	*	130.00
		Other insurance. Specify:	15d.	·	0.00
16		es. Do not include taxes deducted from your pay or included in lines 4 or 20.		<u> </u>	0.00
	Spec		16.	\$	0.00
17.		allment or lease payments:		*	
		Car payments for Vehicle 1	17a.	\$	0.00
	17b.	Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify:	17c.	\$	0.00
	17d.	Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as	3	·	
		ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
19.	Othe	er payments you make to support others who do not live with you.		\$	0.00
	Spec	sify:	19.		
20.		er real property expenses not included in lines 4 or 5 of this form or on School			
		Mortgages on other property	20a.	· -	0.00
	20b.	Real estate taxes	20b.	*	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	er: Specify:	21.	+\$	0.00
22	Cala	ulate value manthly avenues			
22.		ulate your monthly expenses Add lines 4 through 21.		\$	2 214 62
		g ·		\$	3,814.68
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		·	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	3,814.68
23.	Calc	ulate your monthly net income.			
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,333.00
		Copy your monthly expenses from line 22c above.	23b.	·	3,814.68
		177			
	23c.	Subtract your monthly expenses from your monthly income.			540.00
		The result is your monthly net income.	23c.	\$	518.32

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes.

Explain here: Please note, Debtors' Son, Dennis, is very ill. He has no income. He has applied for Social Security Disabilty. Debtors'ther Son helps with expenses, and will help with the Plan payments.